

FROM

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Applicant: John E. Schommer)	Art Unit: 3752
)	
Serial No.: 09/901,155)	Examiner: Kim
)	
Filed: July 10, 2001)	1118.002
)	
For: WATERBROOM)	September 1, 2004
)	750 B Street, Suite 3120
CUSTOMER NO. 24955)	San Diego, CA 92101
)	

Commissioner for Patents
Alexandria, VA 22313

TRANSMITTAL LETTER FOR REVOCATION POWER OF ATTORNEY

Dear Sir:

Enclosed herewith is the following:

1. Revocation of Power of Attorney and Change of Correspondence Address Form, 1 page signed, 1 page unsigned for clarity purposes.

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(WED) SEP 1 2004 12:45/ST. 12:45/No. 6833031130 P 1

PTO/SB/62 (8-00)

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	08401.156
Filing Date	07/10/2001
First Named Inventor	Schommer
Art Unit	3782
Examiner Name	Christopher S. Kim
Attorney Docket Number	1118.002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24855

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

24855

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Name

John E. Schommer

Signature

Date

September 1, 2004

Telephone

760-762-8944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.30. The information is required to obtain or seek a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (09-03)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/001,155
	Filing Date	07/10/2001
	First Named Inventor	Schommer
	Art Unit	3752
	Examiner Name	Christopher S. Kim
	Attorney Docket Number	1118,002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24955

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

24955

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

John E. Schommer

Signature

Date

September 1, 2004

Telephone

760-752-9944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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